## Case 12-28838 Doc 4 Filed 08/21/12 Entered 08/21/12 16:19:42 Desc Main Document Page 1 of 7

B22C (Official Form 22C) (Chapter 13) (12/10)

In re	Erica Yvonne Pointer	According to the calculations required by this statement:
	Debtor(s)	■ The applicable commitment period is 3 years.
Case N		☐ The applicable commitment period is 5 years.
	(If known)	☐ Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the hoves as directed in Lines 17 and 23 of this statement)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Par	rt I. F	REPORT OF IN	COM	IE .			
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.								
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.							
	b. Married. Complete both Column A ("Debto					me''	) for Lines 2-10.	
	All figures must reflect average monthly income received from all sources, derived during the six						Column A	Column B
	calendar months prior to filing the bankruptcy case the filing. If the amount of monthly income varied						Debtor's	Spouse's
	six-month total by six, and enter the result on the a			, you	must divide the		Income	Income
2	Gross wages, salary, tips, bonuses, overtime, con	nmiss	sions.			\$	202.67	\$
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a enter the difference in the appropriate column(s) of Line 3. If you operate more than one busing profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter number less than zero. Do not include any part of the business expenses entered on Line is a deduction in Part IV.							
			Debtor		Spouse			
	a. Gross receipts	\$	283.12					
	b. Ordinary and necessary business expenses	\$	0.00			Φ.	000.40	Ф
	c.   Business income   Rents and other real property income. Subtract	•	tract Line b from			\$	283.12	<b>3</b>
	the appropriate column(s) of Line 4. Do not enter a	a niin						
4	part of the operating expenses entered on Line b  a. Gross receipts		Debtor 0.00	rt IV.				
4	<ul><li>a. Gross receipts</li><li>b. Ordinary and necessary operating expenses</li></ul>	\$ \$ \$	Debtor  0.00 0.00	\$ \$	Spouse			
4	a. Gross receipts	\$ \$ \$	Debtor 0.00	\$ \$	Spouse	\$	0.00	\$
5	<ul><li>a. Gross receipts</li><li>b. Ordinary and necessary operating expenses</li></ul>	\$ \$ \$	Debtor  0.00 0.00	\$ \$	Spouse	\$	0.00	
	<ul> <li>a. Gross receipts</li> <li>b. Ordinary and necessary operating expenses</li> <li>c. Rent and other real property income</li> </ul>	\$ \$ \$	Debtor  0.00 0.00	\$ \$	Spouse	<u>'                                    </u>		\$
5	a. Gross receipts b. Ordinary and necessary operating expenses c. Rent and other real property income  Interest, dividends, and royalties.	s as a \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Debtor  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	\$ \$ Line	Spouse  a  nousehold paid for that ats paid by the	\$	0.00	\$
5	a. Gross receipts b. Ordinary and necessary operating expenses c. Rent and other real property income  Interest, dividends, and royalties.  Pension and retirement income.  Any amounts paid by another person or entity, of expenses of the debtor or the debtor's dependent purpose. Do not include alimony or separate main debtor's spouse. Each regular payment should be re-	s as a s s s s s s s s s s s s s s s s	Debtor  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	the language of the language o	Spouse  a  nousehold paid for that ats paid by the if a payment is  of Line 8. your spouse was a	\$	0.00	\$

9	on a separate page. Total and enter on Line 9. maintenance payments paid by your spouse, separate maintenance. Do not include any be	age. Total and enter on Line 9. Do not include alimony or separate ayments paid by your spouse, but include all other payments of alimony or tenance. Do not include any benefits received under the Social Security Act or ved as a victim of a war crime, crime against humanity, or as a victim of domestic terrorism.						
	Food Stommo	Debtor		Spouse				
	a. Food Stamps b. AFDC	\$ 8	529.00 : 226.00 :			\$ 755.0	00 8	
10	<b>Subtotal.</b> Add Lines 2 thru 9 in Column A, an in Column B. Enter the total(s).	d, if Column B i	•		rough 9	\$ 1,240.7		
11	<b>Total.</b> If Column B has been completed, add L the total. If Column B has not been completed					\$		1,240.79
	Part II. CALCULAT	ION OF § 13	325(b)(4)	COMMITM	ENT P	ERIOD		
12	Enter the amount from Line 11						\$	1,240.79
13	Marital Adjustment. If you are married, but a calculation of the commitment period under § enter on Line 13 the amount of the income list the household expenses of you or your depend income (such as payment of the spouse's tax lid debtor's dependents) and the amount of income on a separate page. If the conditions for entering a.  b. c.	1325(b)(4) does ed in Line 10, Co ents and specify, ability or the spo e devoted to each	not require olumn B the in the line ouse's support purpose.	e inclusion of the nat was NOT paid es below, the basi ort of persons oth If necessary, list	income of on a reg	of your spouse, cular basis for luding this he debtor or the		
	Total and enter on Line 13						\$	0.00
14	Subtract Line 13 from Line 12 and enter the result.							1,240.79
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.						\$	14,889.48
16	<b>Applicable median family income.</b> Enter the information is available by family size at www	usdoj.gov/ust/	or from the	clerk of the bank	ruptcy co			
	a. Enter debtor's state of residence:			or's household si	ze:	4	\$	62,832.00
17	<ul> <li>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</li> <li>■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment top of page 1 of this statement and continue with this statement.</li> <li>□ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment at the top of page 1 of this statement and continue with this statement.</li> </ul>							•
	Part III. APPLICATION OF	§ 1325(b)(3) FO	OR DETE	RMINING DISI	POSABL	E INCOME	1	
18	Enter the amount from Line 11.						\$	1,240.79
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.  a. \$ b. \$ c. \$ \$ C. \$							
	Total and enter on Line 19.						\$	0.00
20	Current monthly income for $\S 1325(b)(3)$ . So	ubtract Line 19 f	rom Line 1	8 and enter the re	esult.		\$	1,240.79

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						\$	14,889.48	
22	Applio	cable median family incom	e. Enter the amount from	m Lin	ie 16.			\$	62,832.00
23	<ul> <li>Application of § 1325(b)(3). Check the applicable box and proceed as directed.</li> <li>□ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determ 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</li> <li>■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is no</li> </ul>								
	1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. <b>Do not complete Part</b>								
		Part IV. Ca	ALCULATION (	OF I	DEDU	CTIONS FR	OM INCOME		
		Subpart A: De	eductions under Star	ndar	ds of th	e Internal Reve	enue Service (IRS)		
24A	Enter i applica bankru	nal Standards: food, appar in Line 24A the "Total" amo able number of persons. (T aptcy court.) The applicable ir federal income tax return.	ount from IRS National his information is availa number of persons is the	Standable at the nur	lards for www.u nber tha	Allowable Living sdoj.gov/ust/ or from two and currently be a second currently be a seco	Expenses for the om the clerk of the pe allowed as exemptions	\$	
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards of Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years older. (The applicable number of persons in each age category is the number in that category that wo be allowed as exemptions on your federal income tax return, plus the number of any additional deper you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the Line c1. Multiply Line a2 by Line b2 to obtain a total amount, and enter the result in Line 24B.					onal Standards for lable at cable number of persons of are 65 years of age or ory that would currently tional dependents whom and enter the result in Line 24B.				
	Perso	ons under 65 years of age		Pers	ons 65	years of age or old	ler		
	a1.	Allowance per person		a2.	Allowa	ance per person			
	b1.	Number of persons		b2.	<b>+</b>	er of persons			
	c1.	Subtotal		c2.	Subtot	al		\$	
25A	Utilitie availab the nur	Standards: housing and uses Standards; non-mortgage ble at www.usdoj.gov/ust/omber that would currently buditional dependents whom	expenses for the applic r from the clerk of the be e allowed as exemption	able c ankru	county a	nd family size. (Tl urt). The applicabl	his information is e family size consists of	\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.  [a. IRS Housing and Utilities Standards; mortgage/rent expense"]  [Standards: Nortgage/rent expense]								
	a. b.	Average Monthly Payment home, if any, as stated in L	for any debts secured b			\$			
	c.	Net mortgage/rental expens				Subtract Line b fr	om Line a.	\$	
26	25B do Standa	Standards: housing and uppers not accurately compute ards, enter any additional and tion in the space below:	the allowance to which	you a	re entitl	ed under the IRS I	Housing and Utilities		

27A	Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 7. $\square$ 0						
	If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>	\$					
27B	<b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						
	<b>Local Standards: transportation ownership/lease expense; Vehicle</b> you claim an ownership/lease expense. (You may not claim an owners vehicles.) □ 1 □ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the	ship/lease expense for more than two e IRS Local Standards: Transportation					
28	(available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Little result in Line 28. <b>Do not enter an amount less than zero.</b>						
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$					
	b. 1, as stated in Line 47	\$					
	c. Net ownership/lease expense for Vehicle 1  Local Standards: transportation ownership/lease expense; Vehicle	Subtract Line b from Line a.	\$				
29	the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a "www.usdoj.gov="" <="" a="" href="www.usdoj.gov/ust/" ust="" www.usdoj.gov=""> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Little result in Line 29. <b>Do not enter an amount less than zero.</b></a>	court); enter in Line b the total of the Average					
	a. IRS Transportation Standards, Ownership Costs	\$					
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$					
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$				
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$				
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$				
32	Other Necessary Expenses: life insurance. Enter total average mon	thly premiums that you actually pay for term	Ψ				
32	life insurance for yourself. Do not include premiums for insurance any other form of insurance.	on your dependents, for whole life or for	\$				
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$				
34	Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged depoproviding similar services is available.	ion that is a condition of employment and for	\$				
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. <b>Do</b>		\$				
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	nthly amount that you actually expend on our dependents, that is not reimbursed by the amount entered in Line 24B. <b>Do not</b>	s				

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$				
38	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.	\$				
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37					
	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
39	a. Health Insurance \$					
	b. Disability Insurance \$					
	c. Health Savings Account \$					
	Total and enter on Line 39	\$				
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$					
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.					
41	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$				
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$				
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
45	<b>Charitable contributions.</b> Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). <b>Do not include any amount in excess of 15% of your gross monthly income.</b>	\$				
46	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45.	\$				

B22C (Official Form 22C) (Chapter 13) (12/10)

			Subpart C: Deductions for 1	Debt 1	Payment		
47	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.						
	Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance						
	a.			\$		□yes □no	Φ.
48	moto your paym sums	r vehicle, or other property deduction 1/60th of any an nents listed in Line 47, in or in default that must be paid ollowing chart. If necessary	nims. If any of debts listed in Line 47 are necessary for your support or the support nount (the "cure amount") that you must prefer to maintain possession of the propert d in order to avoid repossession or forecles, list additional entries on a separate page	e secure t of you pay the ty. The osure.	ur dependents, ye creditor in addit cure amount wo	ou may include in ion to the uld include any	\$
		Name of Creditor	Property Securing the Debt		_	the Cure Amount	
	a.				\$	Total: Add Lines	\$
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.  Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.						
50	a. b.	Current multiplier for your issued by the Executive information is available the bankruptcy court.)	hly Chapter 13 plan payment. our district as determined under schedule Office for United States Trustees. (This at www.usdoj.gov/ust/ or from the clerk	of x	otal: Multiply Li	nes a and b	\$
51	Tota	l Deductions for Debt Pay	ment. Enter the total of Lines 47 through	h 50.			\$
			Subpart D: Total Deduction	s fror	n Income		
52	Tota	l of all deductions from in	come. Enter the total of Lines 38, 46, an	d 51.			\$
		Part V. DETER	RMINATION OF DISPOSABLI	E INC	COME UNDI	ER § 1325(b)(2)	
53	Total current monthly income. Enter the amount from Line 20.						\$
54	<b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.						\$
55	wage	ified retirement deductions as contributions for quality from retirement plans, as s	ns. Enter the monthly total of (a) all amo fied retirement plans, as specified in § 54 specified in § 362(b)(19).	unts w	thheld by your e and (b) all requ	employer from ired repayments of	\$
56	Tota	l of all deductions allowed	l under § 707(b)(2). Enter the amount fr	om Lir	ne 52.		\$
			-				

	Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circums. If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these export the special circumstances that make such expense necessary.	stances and the resulting expenses in lines a-c below. he expenses and enter the total in Line 57. You must enses and you must provide a detailed explanation	t			
57	Nature of special circumstances	Amount of Expense	7			
	a.	\$	1			
	b.	\$	7			
	c.	\$	1			
		Total: Add Lines	\$			
58	Total adjustments to determine disposable income. Add the result.	e amounts on Lines 54, 55, 56, and 57 and enter the	\$			
59	Monthly Disposable Income Under § 1325(b)(2). Subtract	\$				
	Post VI ADDITION	AL EXPENSE CLAIMS				
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the healt of you and your family and that you contend should be an additional deduction from your current monthly income under \$707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average month each item. Total the expenses.					
60	Expense Description	Monthly Amoun	t			
	a.	\$				
	b.	\$				
	C.	\$	_			
	d.	\$	4			
	Total: Add Lin	es a, b, c and d \$				
	Part VII. V	ERIFICATION				
61	I declare under penalty of perjury that the information provide must sign.)  Date: August 21, 2012	ed in this statement is true and correct. (If this is a joint Signature: /s/ Erica Yvonne Pointer				
		Erica Yvonne Pointer				
		(Debtor)				